Atty. Docket No: 7056 (1502-74 CIP)

OTHER THAN



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Mary Jo A. Toomey EXAMINER: Chapman, Ginger T.

SERIAL NO.: 10/810,231 GROUP: Art Unit 3761

FILED: March 25, 2004 DATED: October 5, 2007

FOR: BODY FLUID COLLECTION APPARATUS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2) (Co		Col. 3)		SMAL	SMALL ENTITY				L ENTITY	
	CLAIM REMA AFTEF AMEN	INING	HIGHEST NO. PREVIOUSLY PAID FOR		RESENT XTRA		RATE	ADDIT. FEE	OF	ŧ.	RATE	ADDIT. FEE	
TOTAL	21	MINUS	29	=	0	X	25	\$		X	50	\$0	
INDEP.	2	MINUS	3	=	0	Х	105	\$		x	210	\$0	
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM							180	\$		X	360	\$ 0	
						T	OTAL		OR	: T	OTAL	\$ 0	
							AD	DIT. FEE				\$ 0.00	

^{*} If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Services first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1350, Alexandria, VA 223131450 on date below.

Dated: October 5, 2007

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in

[]	Please charge Deposit Account No. <u>50-2140</u> in the amount of \$. Two (2) copies of this sheet are enclosed.
[]	A check in the amount of \$ is enclosed.
[X]	Please charge any deficiency as well as any other fee(s) which may become due under 37

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

Moseph W. Schmidt Reg. No. 36,920 Attorney for Applicant(s)

Carter, DeLuca, Farrell & Schmidt, LLP

445 Broad Hollow Road Suite 225 Melville, New York 11747 Tel.: (631) 501-5700

Fax: (631) 501-5700

JWS/td

OCT 0 9 2007

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):

Mary Jo A. Toomey

GROUP ART UNIT:

3761

SERIAL NO.:

10/810,231

EXAMINER: Chapman, Ginger T.

FILED:

March 25, 2004

DATE: October 5, 2007

FOR: BODY FLUID COLLECTION APPARATUS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

In response to the Office Action mailed November 20, 2006, please amend the above-identified application as set forth hereinbelow:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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Dated: October 5, 2007